

UNITED STATES DISTRICT COURT  
DISTRICT OF NEW JERSEY

Kevin T. Clark \*1239838/302841C

"see attached list of fellow inmates"

(In the space above enter the full name(s) of the plaintiff(s).)

- against -

Marcus Hicks Commissioner NJ DOC

John <sup>Payell</sup> ~~Payell~~ Administrator SWSP - NJ DOC

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

**I. Parties in this complaint:**

- A. List your name, address and telephone number. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff	Name	<u>Kevin T. Clark *1239838</u>
	Street Address	<u>215 Burlington Rd. South</u>
	County, City	<u>Cumberland, Bridgeton</u>
	State & Zip Code	<u>NJ 08302</u>
	Telephone Number	<u>(856) 468-1003</u>

RECEIVED  
OCT - 8 2020  
AT 8:30  
WILLIAM T. WALSH  
CLERK

**COMPLAINT**

Jury Trial: ☒ Yes ☐ No

(check one)

- B. List all defendants. You should state the full name of the defendants, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant can be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Marcus Hicks - Commissioner  
 Street Address Whitney Rd. P.O. Box 863  
 County, City Merced, Trenton  
 State & Zip Code NJ 08625

Defendant No. 2 Name <sup>Powell</sup>  
John Powell - Administrator  
 Street Address 215 Burlington Rd. South  
 County, City Cumhedun, Brington  
 State & Zip Code NJ 08302

Defendant No. 3 Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 County, City \_\_\_\_\_  
 State & Zip Code \_\_\_\_\_

Defendant No. 4 Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 County, City \_\_\_\_\_  
 State & Zip Code \_\_\_\_\_

## II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. There are four types of cases that can be heard in federal court: 1) Federal Question - Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case; 2) Diversity of Citizenship - Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case; 3) U.S. Government Plaintiff; and 4) U.S. Government Defendant.

- A. What is the basis for federal court jurisdiction? (check all that apply)

☒ Federal Questions ☐ Diversity of Citizenship  
☐ U.S. Government Plaintiff ☐ U.S. Government Defendant

- B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue?

It was denied a shot at home confinement where it would be safe and free of catchers cover-19. In essence it was discriminated. All inmates were discriminated!! Several hundred inmates not less than 2% were approved!!!

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship N/A

Defendant(s) state(s) of citizenship N/A

### III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? Southwestern State Prison - Brington  
Whitkey Ro. Arden (Hicks)

B. What date and approximate time did the events giving rise to your claim(s) occur? 5/1/20 pm.

\* Various dates / times between 4/24 - 5/28 Arden  
(From 10/3/19 - present day) SWSP - Brington

C. Facts: 4/24 - Was interviewed for emergency home confinement, 4/27 -  
4/29 My request was visited and approved by Parole District 10 - 4/29 - 4/27

Hicks 5/1 Received all furlough applications and denied them. That leaves myself  
and some health inmates at a high risk to catch 19 (covid) and possibly expiring. He  
discriminated us. All inmates except me rec'd denial letter so I'm assuming denial.

4/29 to present - While under supervision I have exhausted and  
Followed all institutional remedies to seek outcome of furlough application only to  
be ignored and left clueless while the virus is getting worse here. Quarantine forces

5/21, 5/28 Wrote two hrs family call to find out status of application only  
to be ignored and treated with disrespect. Still no answer (as of 6/1)...

6/1 - As the virus continues to spread I remain in the middle  
to catch covid-19. No precautions to help the high risk inmates have been implemented.

\*\*\* Please note on 5/22 I saw the parole board and WAS given a release  
date. That makes me even more of a qualified applicant. Still ignored/denied?

It's sad when only 90 out of a proposed 3,000 inmates are let out!!! I guess  
our lives don't matter? We are that dispensable? All of our sentences have been  
changed to death sentences? Commissioner Hicks became the judge, jury, and executioner  
when? Not right... G-1 approval: [signature] returned from R. Wagon for scheduled treat-

ment. Due to mismanagement's poor scheduling I missed diagnosis and that now makes  
4 days w/o diagnosis. My RP is running high and instead of helping me I'm being ignored.

\* See Attached Appendix For notes G-2 on...

- 3 -

Key: 1 = Powell  
 2 = Hicks

## IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

I have blacked out two follow hours of times since returning from hospitalization 2/6/20. Injuries are lacerations, cuts, scrapes, and bruises. I have told custody, civilian medical staff, and institution medical staff several times with nothing being done. Please note being in a concrete cell with metal all over you at a high risk for serious injury, coma, or death... I've treated my own injuries!

Answer 6/12: I now suffer from high BP with the avg being 140/120. That's stroke range and heart attack range. I keep informing only to be ignored, disrespectful, and no more shown. It's been reported that hypertension raises the risk of catching covid-19 another 8% to the already high percentage I have of catching covid-19. If given a full exam it would show cuts, bruising, swollen extremities and blood sugar low due to fasting and daily/nightly.

## V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

To be released to home confinement immediately. To have others who are severely ill have their applications revisited. To be compensated hazardous pay at \$500.00 starting March 12 until I leave since I was in ground zero of the covid-19 spread. Money isn't the answer but my life is precious as are others and we are taken for granted.

Answer 6/13: Please note a separate lawsuit is being filed against medical for the parts they play.

6/14 Was placed a 2<sup>nd</sup> time in quarantine (this time alone) for another 14-16 day period beginning 6/5 - 6/19. Again it will be beneficial to exercise executive order #124 (home confinement) for me. Am I going to be in another facility like this (locked in a cell 24 hours daily alone) until I leave on parole?

6/17 This all could be avoided if they just send me home on executive order #124. I can receive my treatments and be free of the institution and its spread of covid-19. \$500.00 daily (March 12<sup>th</sup> - June 27<sup>th</sup> est. \$43,500 + est. per plaintiff

Addendum:

## III. Statement of Claims:

## Facts:

C  
6/3 <sup>Powell</sup> ~~Hicks~~ →

On this date it was determined that a covid-19 positive inmate was placed in my cell. I complained, he was removed and I was placed in quarantine for a 2<sup>nd</sup> time. Being at a high risk to already catch covid-19 this was negligence by Admin. <sup>Powell</sup> ~~Hicks~~.

6/4 <sup>Powell</sup> ~~Hicks~~ →

Being in quarantine for a 2<sup>nd</sup> time and symptom free this finally wrote both defendants to inform them I was filing a civil complaint.

6/5 <sup>Hicks</sup> →

Quarantine day #3 wrote to Lt. Gov Oliver and Comm. Hicks about the status of my Furlough application. No date has yet been written with a reply to date.

6/11 <sup>Hicks</sup> <sup>Powell</sup> ~~Hicks~~ →

Quarantine day #9 I was informed that I contracted HIV/HepC while at Admin. <sup>Powell</sup> ~~Hicks~~ and Comm. Hicks facility. Somehow and somewhere in the last 6 months I contracted it. This adds me more to the list of catching covid-19. Still no answer about Furlough Application.

6/12 <sup>Powell</sup> ~~Hicks~~ →

While at dialysis was retested for covid-19 (2<sup>nd</sup> time/1st-) and 16 vials of blood drawn.

6/14 <sup>Powell</sup> ~~Hicks~~ →

Without my verbal or written consent I was bullied/threatened by Admin. <sup>Powell</sup> ~~Hicks~~'s custody staff to go to a medical trip and prison transfer for a procedure I had no knowledge of.

6/15 <sup>Hicks</sup> →

Was admitted to Robert Wood Johnson for procedure dealing with insulinoma.

6/20 <sup>Hicks</sup> →

Discharged and sent to Northern State Prison. Insulinoma was confirmed.

6/24 <sup>Powell</sup> ~~Hicks~~ →

Today a written correspondence from Comm. Hicks was attempted to be delivered by OEC McCollum. He had no clue which papers to give me. He states he needed clarification and would be right back. He never came back and correspondence never received. Another example of the neglect behavior and treatment I receive. Am to process and prepare complaint for filing.

7/2 <sup>Powell</sup> ~~Hicks~~ →

Received a written correspondence that said my FM status will not be reinstated. The reason given seems to be retaliation for the filing of this complaint. To be permanently disqualified for FM

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 27<sup>th</sup> day of June, 2020.

Signature of Plaintiff



Mailing Address 215 Burlington Rm South  
Bridgeton, NJ 08302


Telephone Number (856) 468-1003

Fax Number (if you have one) N/A

E-mail Address Wc574034@gmail.com

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint.

Signature of Plaintiff:

see attached pages 

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